



# THE RUDDER

*Sailings of the Medical Service Corps*



## From the MSC Director



Today on our 70th Birthday, we honor our great Corps and the remarkable men and women, past and present, who have embraced this nation's call to service. As we observe this special occasion, please take a moment to pause and reflect on the sacrifices of those who have gone before us. Take pride in knowing that your service continues to make a positive impact around the world.

We are more than 3,000 strong, with active duty and reserve officers encompassing 31 administrative, clinical, and scientific specialties. Heritage, excellence, and integrity are the tenets that capture the story of the Medical Service Corps over the last seven decades. We are committed to our heritage and passing of our oral histories; we are devoted to excellence and strive to meet and exceed the expectations of those we serve; and we are dedicated to integrity, leading with honor and a strong moral compass in everything we do.

*Lead with Integrity*

*Commit to Excellence*

*Honor our Heritage*

-RDML Anne Swap

I am extremely proud of your accomplishments and your selfless dedication to the Navy and Marine Corps. Thank you all for making our Medical Service Corps great, and for your countless contributions to Navy Medicine.

*Happy 70th Birthday!*

RDML Anne Swap

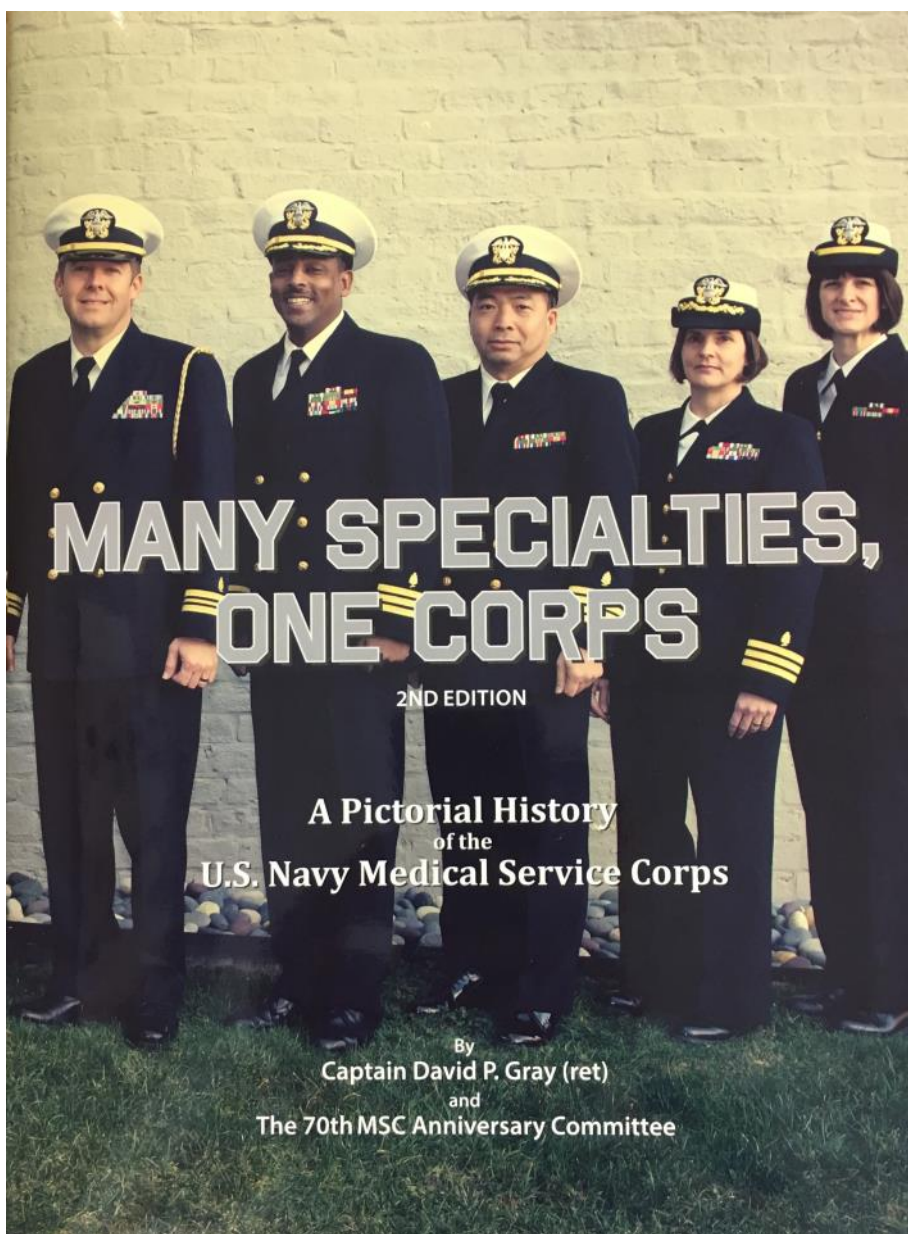
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## From the Corps Chiefs Office



Attention all Medical Service Corps Officers, past and present! The 2nd edition of the "Many Specialties, One Corps" book has arrived and there is still time to purchase your very own copy, as well as additional ones for family and friends. They make great gifts for promotions, retirements and for the holidays.

This year (2017) marks the 70th birthday of our Corps and we have re-commissioned the 1997 book by CAPT (ret.) David Gray titled "Many Specialties, One Corps". The original book was published for the 50th birthday and chronicles the history of the Medical Service Corps from the days of "faithful attendants" who cared for the sick and injured to the establishment of our Corps.

The new edition includes the efforts and advancements of our Medical Service Corps over the last 20 years and represents every subspecialty with photos and historical information that inspires our Esprit de Corps. Don't miss this chance to capture our unique history and heritage! Contact the Corps Chief's office to order your copy today.

### Medical Service Corps Facebook Closed Group

If you would like to join, please go to

[https://  
www.facebook.com/  
groups/usnavymsc](https://www.facebook.com/groups/usnavymsc)

### Newsletter Submissions

Pictures, stories, and any other input can be submitted by forwarding to:

[usn.ncr.bumedfchva.lis@navy.mil](mailto:usn.ncr.bumedfchva.lis@navy.mil)  
[t.msc-corps-chiefs-office@mail.mil](mailto:t.msc-corps-chiefs-office@mail.mil)

For pictures, please include location, rank, first and last name, subspecialty, and a short caption.

When making submissions, please ensure photos have been approved by your local Public Affairs Officer prior to submission.

### Newsletter Editor

LCDR V. Deguzman

### Newsletter Staff

LCDR E. Polonsky

LCDR D. Zweiback

LT L. Brown

LT T. D'Alesandro

# From the Corps Chiefs Office

## Congratulations to our newly selected MSC Commanders!

ANDERSON CLEMIA  
ANTOINE JOHNFRITZ ELDER  
ARENCIBIA JANETTE BALKCOM  
BLIGHTON STEFANIE MARGO  
CHAMPINE JON DAVID  
CHEE SHAWNNA MARIE  
CLECKLEY JANIESE ALICIA  
COUNCILOR LESLIE RENE  
CRIDER WILLIAM TIMOTHY  
DIWADKAR PRASAD BHALCHANDRA  
DUNN SCOTT EUGENE  
EDUSADA MARIA DOLORES  
ESPINAL JANINE ESTELA  
FLORES ROMMEL D  
GONZALEZ MONICA ELEANOR  
GOTTO BRADEY RANDALL  
HAMPDEN KIBWE AOLE  
HARNLY MELISSA J  
HAZELRIGG SCOTT ALLAN  
JARVIS SAMUEL HARDY  
JONES JASON MATTHEW  
KLEPACTULENSRU PAMELA MARIE  
LALLATIN CODY LYNN  
LATOUR AUSTIN WADE  
LEVIN SAMUEL YIGAL  
LONG CARL E JR  
LOOMIS DAVID JOSEPH II  
LYLE KEVIN JAMES  
MAYSONET VENANCIO



MCCARTHY SEAN MICHAEL  
MCDONALD BERNARD CARL  
MCMULLEN KEVIN PATRICK  
MILLER JOSHUA AARON  
MOMEN NAUSHEEN  
MURPHY THOMAS PATRICK  
NEFCZYK JULIA ANN  
PARKS MARGARET MARIE  
PIERCE DARREN JAMES  
PRICE JOHN BRADFORD  
RANDOLPH MATHEW ANSON  
RAPHAEL ELIZABETH C  
REES CHAD JONAH  
RICCARDI ALBERT III  
ROSARIO JUAN NICANOR  
SEAMAN NATHAN LEE  
SEARLES DOUGLAS AARON  
SIMMONS ERIN MELISSA  
SKOREY ELIZABETH G  
SORCIC JOSEPH ALLAN  
STARKEY KEVIN LAMOIN  
STEELE CHRISTOPHER TODD  
SVEC LEEDJIA ANN  
TAYLOR JARED HOUSLEY  
VANCIL GEORGE WILLIAM  
WAGNER DEAN JOHN JR  
WAKEFIELD MARK DAVID  
WASHINGTON STACY JACQUETTA  
ZUNDEL MICHAEL ANTHONY



## Customs and Heritage

“The single most important foundation for any leadership course is history. That discipline gives perspective to the problems of the present and drives home the point that there is little new under the sun. Without familiarity with the yardstick of four thousand years of recorded history, busy people, particularly busy opportunists, have a tendency to view their dilemmas as unique and so unprecedented that they deserve to make exceptions to law, custom, or morality in their own favor to solve their problems.”



Vice Admiral James B. Stockdale  
CMH awardee  
Former President of the Naval War College

### Brothers in Arms

Your career is about the journey and the relationships you build with special people you serve with along the way. One colleague I had the privilege to serve with in support of the Resolute Support Mission at the NATO Role 3 Multinational Medical Unit (MMU) in Kandahar, Afghanistan was LtCol (Dr.) Razvan Bosoteanu, Romanian Army (or Dr. Bos as we called him). He was truly the multinational part of our MMU team during our deployment. He had the desire and vision for his medical team to be invaluable part of the MMU.

We had some life changing experiences early in the deployment and realized we had to maintain balance even in a battle zone. Our outlet was tennis...for those that have been to Kandahar may remember the Canadian Hockey rink on the Boardwalk that had tennis court lines painted as well. We would string a net on the weekends and some nights to play for hours. It was mindful fun and spirited competition between NATO friends during a challenging but rewarding time.

In fact, the Romanian Army awarded their Medal of Honor for Military Medicine to the CO, the Executive Officer, CAPT Chris Landes, MC, USN and the Chief of Trauma, CAPT Angela Earley, MC, USN for the support and care provide to the Romanian Soldiers.

Dr. Bos and I made a commitment to collaborate on sharing our operational experiences once we returned home. I recently visited Dr. Bos in Romania and are making plans to participate in an upcoming training symposium in Romania.

Although, while I was there, we took time to play one more time at a local tennis club. It doesn't matter who won, just that we enjoyed the camaraderie. Enjoy the journey, as you'll never know the opportunities you'll have and the different you can make if you get outside your comfort zone. Remember, life begins at the end of your comfort zone.



CAPT Bob Fry, MSC, former CO, NATO Role 3 Multinational Medical Unit (MMU) in Kandahar, Afghanistan visits his brother in arms, LtCol Dr. Razvan Bosoteanu, Medical Corps, Romanian Army. Picture on left - CAPT Fry, LTC Bosoteanu, CAPT Landes after the presentation of the Romanian Medical of Honor for Military Medicine. Middle picture - CAPT Fry with LTC Bosoteanu on the court in Kandahar Afghanistan. Picture on right - On the court in the Transylvania region of Romania.

# Reserve Update

## Call for Graduate Research Topics and Innovative Ideas to Improve Navy Medicine

The Reserve Component (RC) Nurse Corps (NC) Innovation Medicine Board serves as an interdisciplinary platform to accelerate the introduction of innovative, evidence-based practices that would improve current delivery of Navy medicine. The RC NC Innovation Medicine Board invites members of the MSC community to submit:

Original research topics, such as from graduate and capstone projects and thesis/doctoral papers (*Graduate students only*)

Other innovative ideas that demonstrate a new way of thinking about an existing challenge and have a potential to transform, refine or improve the way we deliver patient care (*All Navy Sailors*).

Graduate researchers will receive assistance disseminating their work at various outlets such as AMSUS and will be invited to post final papers on the Board's milSuite page. All research topics and other idea submissions will receive consideration for further development by the RC NC Innovation Medicine Board for possible adoption by Navy Medicine.

Research topics and ideas may address (but are not limited to): processes, drugs, devices, technology, and data analytics that improve diagnosis and treatment or reduction of administrative burden. Submissions should be sent to CDR Hurd, Innovation Board team leader at [drprhurd@gmail.com](mailto:drprhurd@gmail.com) and include:

Title

Your rank, full name and contact information

Abstract (200 word maximum; understandable to general audience)

Maximum of four-page description (background, suggested implementation, significance).

Please feel free to contact CDR Hurd with any questions or concerns via email or at 573-337-9794.

Our goal is to encourage outside-the-box thinking, leverage government assets, and open the door to new opportunities that might shape the future of the military medicine. The idea might involve (but not limited to): process, drug, device, modern digital technology and data analytics to patient diagnosis and treatment or reduction of administrative burden.

### The Invitation:

The innovation board invites you send your completed graduate project or thesis to the board. You have worked hard on your project and the Innovation Board would like to help you take it to the next step. Our goal is to assist you in presenting your projects at various outlets. We are hoping to help some of you present posters at various outlets including AMSUS (deadline is approaching fast) and after review and given your permission we would love to post your papers on the innovation board page of milSuite. Either way the Innovation Board would love to get papers from all of you. Ultimately we are hoping to find one or two good ideas that we can further develop for possible adoption by Navy Medicine.

### Who we are:

In 2016, US Navy Reserve Nurse Corps leadership established Strategic working groups including the Innovative Board Working to address the Surgeon General's Strategic Goals of Readiness, Health, and Partnership and create an interdisciplinary platform by which Reserve medical staff may provide innovative, evidence-based practice suggestions for improving current delivery of the Navy medicine. The Innovation Board is charged with accelerating the introduction of applicable innovative ideas and cost effective technologies into the patient and provider community. The Innovative Board provides an opportunity for members to suggest ideas that will increase the efficiency of the military health care delivery. We call for ideas that represent the potential to change the way we approach, diagnose or treat our customers. Ideas must demonstrate a new way of thinking about an existing challenge and have a potential to transform, refine or improve the way we deliver patient care.



# Reserve Update

## What we are about:

Our goal is to encourage outside-the-box thinking, leverage government assets, and open the door to new opportunities that might shape the future of the military medicine. The idea might involve (but not limited to): process, drug, device, modern digital technology and data analytics to patient diagnosis and treatment or reduction of administrative burden.

## Idea submission process:

Thesis Papers and Graduate projects should be sent to CDR Hurd, Innovation Board team leader at [drprhurd@gmail.com](mailto:drprhurd@gmail.com). Please feel free to contact CDR Hurd with any questions or concerns via email or at 573-337-9794

Other Ideas - submit electronically via [www.milsuite.mil](http://www.milsuite.mil) through **Eureka** tool - should include:

Title

Idea author's rank, full name and contact information

Abstract (200 word maximum; understandable to general audience)

Maximum of four pages description (background, suggested implementation, significance)

Suggested timeline and milestones

*For more information please contact LT Muirhead Innovation Board member and milSuite coordinator at: [tetyana-muirhead@yahoo.com](mailto:tetyana-muirhead@yahoo.com)*



Marine Corps Base Camp Lejeune, NC- Reserve physician assistants participate in the Navy Reserve Operational Medicine Symposium. From left to right: CAPT Kenneth Wagner, CDR Deborah Collins, CDR Anthony LaCourse, LT Chelsea Mclean, and CDR Brian Foor. Not pictured: CDR Ron Yager.



Bethesda, MD - MSCs from EMF Bethesda Headquarters Detachment pose for a quick photo after a summer whites inspection and ceremony for newly promoted CDR Sherri Hoskins (front-center). Pictured (L-R): CAPT Patricia McCafferty, Dietician and Director for Administration; LT Bryce Mendez, Healthcare Administrator; CAPT Michael Reineke, Environmental Health Officer and Executive Officer; LT John Wagner, Healthcare Administrator; CDR Sherri Hoskins, Healthcare Administrator; CDR Amada Avalos, Laboratory Officer; LT Molly Summers, Psychologist; CDR Lloyd Davis, Psychologist.

## From the Detailers

### ORDERS RELEASE UPDATE:

As many of you already know, the fiscal climate at PERS has affected the lead time on PCS orders release. In addition to orders being released with reduced lead time, we have had to shift over 200 officers' PCS moves from FY17 to FY18. Currently, PERS is anticipating receipt of additional PCS funds later in FY17 in order to "buy-ahead" FY18 orders. If this occurs, PCS orders for officers transferring in Oct, Nov, and Dec should begin releasing at that time. We understand the additional challenges this may cause and appreciate your resiliency during this time.

### ORDERS NEGOTIATION:

While the fiscal picture can always change, we are not currently seeing a better PCS funding outlook going forward. With that in mind, the overall costs of PCS moves are being closely scrutinized. This can result in less choice when there are lower cost career enhancing PCS options available for an officer. Your detailers are still empowered to weigh career progression as a major factor in the detailing process. However, given two relatively equal career options, the detailer has to be mindful of the PCS cost difference between the potential options. Please keep this in mind as you approach your negotiation window.

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### NEW HCA DETAILER

PERS-4415 welcomes CDR Rona Green who is coming to us after completing a DFA tour at Naval Hospital Camp Pendleton. She is in the process of turnover with CDR Robert Anderson. Her phone number will be 901-874-4120 and her email address will be distributed once an account is established. CDR Anderson is transferring 01 July to Naval Medical Center Camp Lejeune where he will report as the DFA. We wish him and his family well!

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### MSC Detailers

CAPT Jody Dreyer (Senior MSC Detailer/HCC/Med Techs)  
Jody.dreyer@navy.mil  
(901) 874-3756

CDR Rona Green (HCA)  
Rona.green@navy.mil  
(901) 874-4120

LCDR Chuck Wilhite (HCS/PAs)  
Charles.wilhite@navy.mil  
(901) 874-4115



# Specialty Spotlight: Physician Assistant

by CDR Ed Owens and LCDR Clifton Butler

The Navy has provided the backbone of the Physician Assistant (PA) profession since its inception in 1967. This year, the PA profession celebrates 50 years of existence and will officially celebrate the birth of the profession on 6 October 2017. While the PA profession officially marks 50 years, Navy PAs have an equally impressive history, beginning their presence seven short years later in 1974. Originally appointed as warrant officers, the community was tasked with providing primary care services to Navy and Marine Corps forces. An incorporation of mid-level providers was thus built into the Navy Medicine construct. In 1989, the first Navy PAs were commissioned as Medical Service Corps Officers. Currently, the PA specialty serves as one of the 31 specialties within the Corps. While one of the youngest specialties, the PA community has grown to become the second largest overall and the largest clinical specialty within the

Medical Service Corps, numbering over 300 active duty and 50 reservists.

**PA LEADERSHIP:** CDR Ed Owens, the Physician Assistant Specialty Leader, has made tremendous strides for the community and stands on the shoulders of all prior specialty leaders. Leadership within the community is based on diversity and inclusion. Recognizing the rapid growth of the PA community, this past year, the Chief of the Medical Service Corps authorized an increase in the number of Assistant Specialty Leaders (ASLs) from one to four. LCDR Kishla Askins, LCDR Clifton Butler, LCDR Rich O’Kane, and LCDR Chris Owston were competitively selected among their peers and they have done a fantastic job. The diversity of leadership within the community provides for a broad array of skillsets and knowledge to provide the best guidance and mentorship to the community population at-large.

**READINESS, VALUE, AND PARTNERSHIPS:** Physician Assistants play a vital role in meeting the Navy Surgeon General’s three priorities of Readiness, Value and Partnership. PAs serve in every setting within the Department of the Defense to include Medical Treatment Facilities, Marines, overseas, and on the high seas. From a Forward Operating Base (FOB) in the middle of Afghanistan with the United States Marine Corps to a large medical center in San Diego, PAs deliver the highest quality of health care to its active duty personnel, their dependents, and retirees. PAs practice in the primary care setting but also are utilized in specialty clinics, delivering high and safe quality of care to our patients as Primary Care Managers on Navy Medical Homeport and Marine Centered Medical Home teams. PAs serve on various key clinical committees such as Pharmacy & Therapeutics, Medical Executive Committee, and Quality Council to name a few. PAs also serve in leadership capacities such as Battalion Surgeons, Division Officers, Department Heads, and Directors bringing a wealth of



Assistant Specialty Leaders (clockwise from top left): LCDR Clifton Butler, LCDR Chris Owston, LCDR Kishla Askins, LCDR Rich O’Kane; Center: CDR Ed Owens, Specialty Leader

## Physician Assistant

Subspecialty Code = 1893

Billets:

Primary - 284; Secondary - About 115 “Mob To” platforms

End Strength = 304

Reserve Billets = 0

Billets types:

USMC: 68

Joint Forces: 2

MTF: 170 ( includes 21 Ortho and 07 EMED)

Operational: 45 (includes 25 SPECWAR, 11 Sea, 9 APA )





## Specialty Spotlight: Physician Assistant

both clinical and military experience to the table. PAs are one of the most operationally-centric medical professions in the United States Navy. Out of the 297 authorized billets, over 68 of them are with the United States Marines, 11 are on Aircraft Carriers, 25 are with special forces, and 20 serve in overseas billets. Most recently, the Medical Service Corps and the Medical Corps, namely the Aeromedical community, partnered an endeavor to send PAs to the Flight Surgery residency in Pensacola, Florida. Nine operational Carrier Air Wing (CVW) billets were created and the 6AB Advanced Qualifier Designator was established. Aviation PAs (APA) will fill critical operational billets as invaluable flight surgeon extenders in areas of direct patient care, preventive medicine, safety and readiness. On September 21, 2016, LT William Grisham graduated from the Naval Aerospace Medicine Institute Training Program to become the first Navy Aviation Physician Assistant.



Pensacola, FL – (21 Sep 2016) CDR Casey congratulates LT William Grisham on completing the Naval Aerospace Medicine Institute Training Program to become the first Navy Aviation Physician Assistant.

**CHANGING LANDSCAPE:** Historically, PAs in the Navy originated from the enlisted ranks of the Hospital Corps, attending the service-specific Physician Assistant school. In 1996, the military services combined their various [PA] programs to form the Inter-service Physician Assistant Program (IPAP), located at the Army Medical Department Center and school (AMEDDC&S), Fort Sam Houston, Texas. During this time, the IPAP program managers reached an agreement with the University of Nebraska Medical Center to provide administrative and faculty oversight. The program now grants a Masters of Physician Assistant Studies degree to all graduates of the program. Navy and Marine Corps Personnel may apply for the program through the Medical Service Corps Inter-service Procurement Program, which selects candidates

for the IPAP Program once a year.

While the Navy does offer the MSC-IPP, we have seen a change in demographic of PAs within the Navy. Increasing numbers of PAs are being commissioned through the Direct Accession (DA) authorization after completion of a civilian post-training program; and, via the Health Services Collegiate Program (HSCP) authorization, a program designed to provide financial incentives for students in designated health care professions to complete degree/certification requirements and obtain a commission in the Medical Corps (MC), Dental Corps (DC), or Medical Service Corps (MSC). PAs from MSC-IPP, DA, and HSCP now make up the community of PAs within the Navy and serve on almost every platform. As the PA profession has grown, the demand for PAs across Navy Medicine has also grown. The growth of the profession not only extends to our active duty members, but reservists, GS employees, and contractors. With the expansion and capacity of Military Treatment Facilities and operational platforms, the demand, in the Navy, for specialty-trained active duty PAs has allowed for increased training opportunities and augmentation of theater operational units supported by Navy Medicine. The Navy PA Specialty now has three fellowship opportunities, which consist of the Orthopedic PA Fellowship, Emergency Medicine PA Fellowship, and will have the General Surgery PA fellowship added this year. The Navy screened for the first class of a General Surgery (GS) Fellowship, and will soon select the first GS PA personnel for the training program. The selected personnel will attend school at the Baylor Program in San Antonio, TX. Upon completion of the program, the GS PAs will proceed to their utilization tours at an MTF or operational unit. While the GS PA program is in the inaugural stage, the two historic PA fellowships have already produced a number of specialty-trained PAs in the areas of Orthopedics and Emergency Medicine.



Portsmouth, VA – Orthopedic Fellowship Graduates of the 2015 Class. Pictured L-R: LCDR Chad Thoemke, LT Tonya Lozier, LT Monica Noce, and LT Rob Bryson.

## Specialty Spotlight: Physician Assistant



San Diego, CA – Emergency Medicine PA Fellowship Class 3 celebrates program completion: Pictured (Back Row L-R: CDR (ret) Perez, LT Arthur Ruppert, LT Michelle Miller, LT Joe Hamm, LT Joe Kaleiohi; (Front Row L-R); LT Colton, LT Gaines

The Orthopedic PA Fellowship is conducted at the Naval Medical Center, Portsmouth, VA, and the Emergency Medicine PA (EMPA) fellowship is located at the Naval Medicine Center, San Diego, CA. during this past year, the PA Community established the Aerospace Medicine PA training program, which allows for the training of PAs to support and augment the medical capability of Carrier Air Wings.

**50<sup>th</sup> YEAR CELEBRATION:** While attending the 2017 American Academy of Physician Assistants (AAPA) Conference in Las Vegas, NV the Academy commemorated the 50<sup>th</sup> Birthday of the profession. Also during this period, the MSC Corps Chief visited with PA Leadership and the 35 PAs who attended the PA Social on 15 May 2017. PAs enjoyed the informal atmosphere and asked questions of the Corps Chief, Specialty Leader, and other senior PAs



Las Vegas, NV (16 May 2017) - AAPA Conference Pictured (Front L-R): LT Sean Kyle, LT Sarah Browning, LT Ruth Cortes, LT Barbara Smith, LT Tawanda Cade, LT Carolan Whitney, LT Merilynn Cariaga, LT Jason Beard, LT Nellie Garcia, LT Benjamin Mattox, LT Austin Mowoe, LT Edgar Escobar, LCDR Clifton Butler; (Middle L-R): LCDR Stephen Rogers, LT Lance Beahm, LT James Jones, LTJG, Meoshe Beckworth, LTJG Laura Logeman, LTJG Damico Hill, LT Eric Lopez, Mrs. Cecil Gandia, LT Julie Cole, LT Jake Wittenauer; (Back L-R) LT David Berlin, CDR Edward Owens, LT Dale Wilson, LCDR Chris Owston, LCDR David Viayra, LT Alex Stulo, CDR James Rueff, LT William Burrell, LCDR Dominic Romanowski, LT Anthony Biello, LT Scott Naples, LT Bruce Burke



Pictured (Kneeling L-R): LCDR Clifton Butler, CDR Edward Owens; (Second Row L-R): Admiral Anne Swap, LT Scott Naples, LT Edgar Escobar, LT Jake Wittenauer (Standing Front Row L-R): LT Sean Kyle, LT Ari Doucette, LT Barbara Smith, LT David Viayra, LT Nellie Garcia, LT Julie Cole, LT Carolan Whitney, LT Tawanda Cade, LT Eric Lopez, LTJG Meoshe Beckworth, LT Jason Beard, Mrs. Cecil Gandia, LT James Jones, LT Benjamin Mattox; (Back row mix L-R): LCDR Chris Owston, LCDR Stephen Rogers, LT Bruce Burke, LT Laura Logeman, CDR James Rueff, LT Ruth Cortes, LT Lance Beahm, LT William Burrell, LCDR Dominic Romanowski, LT Alex Stulo, LTJG Damico Hill, LT Sarah Browning, LT David Berlin, LT Thomas Hurtado.

Following the Social, the Naval Association of Physician Assistants (NAPA) held a formal meeting for Navy-affiliated PAs. The AAPA Constituent Organization and Outreach Advocate, Mrs. Penny Gaillard, briefed all PAs on Federal Advocacy and Legislations affecting PAs. CDR Ed Owens addressed the group regarding career advice and progression, and LCDR Clifton Butler provided information regarding NAPA, the future of the organization as a constituent of AAPA, and advocacy for all Active, Reserve, Retired, and GS PAs.

PAs attending represented a diverse cross-section of our profession. From IPAP graduates, Direct Accessions, HPSP graduates, HSCP graduates, Directors, Doctoral students, Fellowship Selectees, Regimental Surgeons in USMC billets, selectees for Aerospace Physician Assistant, White House Medical Unit PAs, MARSOC PAs, NSW PAs, PAs from Overseas, to Instructors - our PAs are changing the paradigm of the profession. By pursuing Doctoral degrees, publishing papers, holding various leadership positions, serving on the AAPA House of Delegates and NAPA among others, our PAs are changing the face of doing great things. While many are pursuing personal and professional goals, the community is still performing by working in Medical Homes, serving in leadership capacities, and mentoring for the future. We have an outstanding community and proud to be a part of Navy Medicine. The PA community is happy to celebrate 50 years as a Profession and 43 years in the Navy. PAs Navy-wide are looking forward to the PA Profession 50<sup>th</sup> Birthday on 6 Oct 2017, and the Navy PA 50<sup>th</sup> Birthday Celebration in 2024.



## Emotional Intelligence in the Physician Assistant (PA) Profession

By: LCDR Christopher Owston, MSC, USN and  
LCDR Huckelberry Finne, MC, USN

Emotional intelligence (EI) is defined as the ability to monitor one's own and others' feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions<sup>1</sup>. Daniel Goleman<sup>2</sup> made the concept of EI an everyday idea. Although a number of patient scenarios can be used to highlight EI, perhaps a more pertinent use of this concept can be applied to the intrapersonal relationships between two military health care professions as noted in the following scenario between a physician and physician assistant (PA).

LCDR X is a PA with a Marine Infantry Battalion. He is a prior corpsman with over 24 years combined enlisted and officer experience. He has already completed a combat deployment with the battalion and is well respected by the battalion leadership. LT Y is a General Medical Officer (GMO) physician who has recently checked into the battalion. This will be his first operational assignment since completing medical school and internship and he has no prior military experience. LT Y quickly expresses his dissatisfaction with a PA being in charge of the medical department. He feels in the traditional medical hierarchy a PA should not be in charge of a physician. LCDR X is upset over the perceived lack of respect by LT Y for LCDR X's rank and experience. The situation has the potential to quickly become volatile and negatively impact the dynamic within the medical department and adversely affect mission readiness.

In this scenario LT Y feels he has accomplished a major achievement in becoming a licensed physician and feels being supervised by someone with less training and education is inappropriate. LCDR X feels he has significant military and medical experience and is the senior ranking officer in the department. He feels LT Y does not have a thorough understanding of the rank structure and is angered by what he perceives as a challenge to his competence and abilities as a leader. Applying EI to this scenario is one way to manage conflict such that a constructive outcome results.

If the principles of EI were applied to the previous scenario, LCDR X would respect LT Y's feelings and point of view as legitimate. He would reassure LT Y that as a physician he has the most medical education and training of anyone in the department, and he is the clinical subject matter expert. LT Y would consider LCDR X's feelings and take into consideration that his years of experience and rank make him the most qualified to run the day to day operations of the department. Each party, considering the real emotions of the other, should help bridge the chasm between each of their reasonable perspectives.

EI is merely the recognition that we, as humans, are emotional creatures and that such emotions impact how we make decisions. Emotions are not, in and of themselves, good or bad; they merely are. Goleman gives a specific set of instructions to approach any situation: "1. Stop, calm down, and think before you act. 2. Say the problem and how you feel. 3. Set a positive goal. 4. Think of lots of solutions. 5. Think ahead to the consequences. 6. Go ahead and try the best plan." This is a great sequence for decision making, but it is nothing new. Nearly a hundred years ago, before the idea of EI, Dale Carnegie summed it up in principle number one of his fundamental techniques in handling people, "*don't criticize, condemn, or complain*". As he quoted Lincoln, "one should act with malice toward none, with charity for all."<sup>3</sup>

### References:

1. Salovey P, Mayer JD. Emotional Intelligence. *Imagination, Cognition and Personality* 1990;9:185-211.
2. Goleman D. *Emotional intelligence*: Bantam; 2006.
3. Carnegie D. *How to win friends and influence people*: Simon and Schuster; 2010.

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Visit <https://www.facebook.com/groups/usnavymsc>



# Emotional Intelligence Mastery—Just One Click Away!

By: LT David Vera, member of the Emotional Intelligence Strategic Goal Group

One way to be the “best version of yourself” is to be aware of your emotional intelligence. The term emotional intelligence (EI) has been flung left and right for the last few years, heck some of us may have already figured out what it means (and for those of us who haven’t, here it is! EI is the capability of individuals to recognize their own and other people’s emotions, discern between different feelings and label them appropriately). However, that’s as far as most people have delved into this seemingly esoteric field and many may even feel that EI is sort of like IQ, where some folks are just born “smarter” than others and there is not much they can do about that. The good news is that this is far from being the case. While it is true that some people naturally have higher EI, all of us, through learning and practice, can improve our EI to the point where it will make a very noticeable positive impact in our personal and professional lives.

The Navy Medical Service Corps EI team has developed a toolkit that has many resources and practical materials that can help anyone improve his or her EI. The toolkit is hosted in MilSuite and can be reached at <https://www.milsuite.mil/book/groups/navy-medical-service-corps-emotional-intelligence-ei>. To start off, you will find didactic references and book recommendations to help you wrap your mind around what EI is really about. Then you can navigate your way to the Online Assessment links to get a better understanding of your current EI. Finally, you can watch videos, review leadership articles, and start discussions to help you improve your EI and share your success stories with the MSC community.

If you are part of leadership training group in your command this is a great tool to share with everyone as it will teach valuable skills to future Navy leaders to help them lead an ever increasingly diverse population of Sailors. If you have any questions about the contents of the site or if you would like to be part of the EI movement, you can contact one of the site moderators for additional guidance. EI is an important trait of your persona as an officer and just like you would not neglect your physical fitness, trainings, and education we encourage you to take some time to learn about your EI and expand it.



# I am Navy Medicine

By: LT Jeffrey D. Vorwald, Naval Hospital Bremerton Industrial Hygiene officer



**As told to Douglas H Stutz, Naval Hospital Bremerton Public Affairs** -- *As part of an ongoing series showcasing Naval Hospital Bremerton Navy Medicine doctors, nurses, hospital corpsmen and support staff...*

The Lancaster, Wis. native with six years in the Navy graduated from Boscobel High School in 2000 and spent time in the U.S.

Air Force before finding his niche as a Navy Medical Service Corps (MSC) officer.

"As a MSC officer with a subspecialty as an Industrial Hygiene officer, I am part of a multidisciplinary team of outstanding naval officers in administration, scientific, and clinical healthcare specialties who provide world-class Navy healthcare to Sailors, Marines, retirees, and their families. Assigned to fleet support, I focus on the anticipation, recognition, evaluation, prevention, and control of occupational health hazards that arise as a result of, or during, the course of ship and submarine operations. Examples include watch-stander exposures to hazardous noise inside the main and auxiliary machinery spaces, deck personnel exposures to toxic chemicals during painting and preservation of ships, and crewmember exposures to heat stress inside the scullery, galley, and ships laundry," explained Vorwald.

When asked what he has accomplished so far during his career, Vorwald replied that his proudest achievements are not centered on him, but focused on those he works with and support during his job.

"The milestones so far are serving alongside my military brothers and sisters during deployments, including administering the oath of enlistment to Sailors, developing our young Sailors into leaders, observing military promotions and retirement ceremonies, and saluting the first Industrial Hygiene officer to promote to Flag Officer, Rear Admiral Mark Bipes, Navy Medicine West Deputy Commander," Vorwald said.

Vorwald became interested in a career as an MSC and Industrial Hygiene officer with Navy Medicine as an outlet for his drive and energy.

"As a competitive athlete, I am always seeking the next challenge in life, both physically and mentally. I was an E-6 technical sergeant serving in the Air Force with a medi-

cal specialty as a bioenvironmental engineering technician. I just finished my Bachelor of Science degree from Columbia Southern University, and my first lieutenant, who was an Ironman athlete, challenged me to become a commissioned officer. To one up my first lieutenant, I was accepted into the Health Services Collegiate Program, earned my Master of Science degree from Montana Tech of the University of Montana, and joined Navy Medicine. Although it was difficult to say goodbye to the Air Force, I joined an all-star team of MSC professionals, who I consider the greatest teammates," related Vorwald.

Wherever there's a Navy base, chances are there is an Industrial Hygiene officer and Vorwald is currently assigned to Naval Base Kitsap Bangor.

"I provide technical support to ship-board independent duty corpsmen in protecting and enhancing the health and safety of ship force personnel against a wide range of health and safety hazards that include chemical, physical, biological, and ergonomic stressors onboard ships and submarines. Occasionally, I get underway with the boats to measure Sailor exposures to hazardous chemicals and noise under intensive operations, such as weapon firing, vertical replenishments and damage control drills. Part of what I do is to recommend controls to minimize or eliminate the hazards," said Vorwald, noting he helps impacts Navy Medicine at the deckplate level by ensuring Sailors have a better understanding of the operational hazards and health risks involved.

Vorwald also adheres to the Surgeon General guiding principles of Navy Medicine by supporting readiness, health, and partnership.

"I would not say I 'save lives' but rather, I do my best at protecting our shipmates against adverse health effects caused by long-term, chronic exposure to hazards that can occur from fleet operations. This is best executed by monitoring and analyzing the extent of exposures to detected hazards and the use of engineering or other methods for hazard control," Vorwald said.

Vorwald attests that one of the most important aspects of being an Industrial Hygiene officer is being able to work in a host of diverse and critical settings.

"No other job within DoD serves on the front line of preventative healthcare services to our warfighters in so many diverse locations and environments, such as military treatment facilities, Navy environmental preventive medicine units, or with ships, submarines, and aircrafts," said Vorwald.

When asked to sum up his experience with Navy Medicine in one sentence, Vorwald replied, "the best six years of my life and still counting. Hooyah, go Navy!"



# Forging the Future: Naval Aerospace Physiology at the Tip of the F-35 Spear

By: LCDR Jon Champine, MSC, USN

The Joint Strike Fighter, also known as the F-35, is the most technologically and tactically advanced aircraft in the world. Consequently, it also has several unique human system integration issues. Mitigating those threats are two top notch Medical Service Corps Officers that are ensuring the complex and primordial human life support systems of the jet, pilots, and maintainers integrate seamlessly. Lieutenant Matthew “Bunsen” Shipman, Naval Aerospace and Operational Physiologist (NAOP) #318, was the first F-35 Aeromedical Safety Officer (AMSO) for Marine Aircraft Group 31, Beaufort, South Carolina. Lieutenant Commander Jacqueline “Jay-Qwellen (JQ)” Miller, NAOP #326, became part of the F-35 AMSO team in May 2015, for Marine Aircraft Group 13, Yuma, AZ, replacing the first F-35 AMSO, LT Amanda Lippert, NAOP #303.

The F-35 is a revolutionary entity, unlike any other aircraft in our inventory. To give you a concept of how revolutionary it is: Imagine moving to a country where A) the language is unknown to everyone, who are all trying to learn it at the same time, and B) Google translate doesn't work. In addition, every process and procedure is conducted in a method that has never been done before. That is the world of the F-35. The F-35 was designed with a completely new set of flight gear worn by the pilots, never before seen in aviation or by anyone in the military. Things that many people take for granted, like breathing, hearing, and even urinating, needed significant intervention in the F-35 flight gear ensemble as the operational designation and tasking of the jet led to longer missions. These operationally centric longer missions revealed problems not experienced in the shorter flights germane to test flying. Bunsen and JQ were instrumental in building a base of knowledge that provided the roots and discovered the newly created pathways from which many needed changes manifested. As representatives of the first fleet squadron worldwide to receive F-35s, their work has been pivotal in identifying and addressing the plethora of physiological and human factors concerns. It also paved the way for a more successful fielding of the remaining estimated 2,700 jets throughout the other services and 8 partner nations.

Despite its innovations, the F-35 is not immune from current physiological concerns. Hypoxia and related

physiological episodes (PEs) in jet aircraft have substantial Congressional and CNO interest. One of the Risk Management tools for PEs is the Reduced Oxygen Breathing Device (ROBD). This device provides the pilots cognitive and procedural exposure to life threatening PEs in a safe simulator environment and has been credited by over 50 pilots by giving them the skills to take life-saving actions in flight when actual PEs occur in flight. LT Shipman and LCDR Miller successfully integrated the ROBD into the F-35 simulator which (you guessed it) is unique – specifically in its design and security requirements. The ROBD training has so far only been completed by the Marine Corps AMSOs but has been a model setup for both the Air Force and Navy variant simulators. Comments from Marine Corps F-35 pilots have confirmed this is the most realistic hypoxia training they have received thus far in any of their previous aeromedical training.

The F-35 is literally bone rattling loud, one of the loudest machines in the world, and requires substantial hearing protection for acoustical protection and effective communication. This is obviously a primary concern for maintainers. The F-35 Joint Program Office (JPO) attempted to compensate for the astounding noise levels by designing new hearing protection. However, the logistical challenges inherent with a high dollar complex and unproven system necessitate a thorough examination and also an assessment of the translation of engineering intent to operational use. LCDR Miller's squadrons prepared for and received over 100 sets of custom molded hearing protection in preparation for the fielding of two F-35 squadrons.



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As the aeromedical leader of the first MAG to have these headsets, LCDR Miller identified the failure of the acquisition system to incorporate HSI into the acquisition and design process. She proactively identified multiple human factors and design issues that would have to be addressed by both JPO and NAVAIR prior to the use of the headsets and tabled fielding of the system until a thorough sustainability has been completed by NAVAIR and the resource sponsor. In the meantime, she has ensured that the F-35 maintainers have the best hearing protection provided currently by the Navy and Marine Corps, which has kept permanent hearing loss in F-35 maintainers as low as possible considering the unprecedented noise field of the F-35.

The physiological consequences of tactical dehydration during longer missions have been previously identified as a result of inadequate urine relief systems. It can be devastating, decreasing cognitive processing and simple reaction times by up to 30%. The F-35 didn't initially have a safe and effective way to urinate while flying without unstrapping from the ejection seat. Highlighting the bureaucratic complexities and nuances of the F-35, it took over two years of work for Bunsen and JQ to gain approval of an F-35 compatible in-flight urinary relief system that eliminates the tactical risk required in doing something as simple as urinating.

Both LCDR Miller and LT Shipman have been an integral part of the F-35 JPO Aeromedical Community of Interest, representing the Marine Corps in briefings to senior officials in the JPO. They also ensure that engineers understand the current aircraft system safety and

pilot flight equipment issues the pilots are facing while flying; similarly they educate pilots on the vastly different orientation mechanisms provided by the helmet, life support systems, and flight gear. They advocate for the creation of aeromedical and life support information sharing systems – another first of its kind in the bureaucratic multiservice and multinational world of the F-35 JPO.

Every MSC subspecialty has a few individuals whose contributions become the hallmarks of our heritage and whose names establish footprints in the lineage of the Corps. The blazing trail and overall contributions of these F-35 plankowner NAOPs will be felt for the 40+ years to come of the F-35 program – not just in America but throughout the F-35 partner nations.

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Aerospace Physiology  
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Aerospace Experimental Psychology

## MSCs In Focus



Annapolis, MD - Preventive Medicine Team from Naval Health Clinic Annapolis provides preventive medicine screenings during Induction Day 2017 at the United States Naval Academy. Pictured (L-R) HM2 Mauro Ortiz, HM3 Marshaun Walker, LT William Sterling, Environmental Health Officer, and HM2 Blaine Jackson, with HN Aidan Martinez and HN Austin Smith from Walter Reed National Military Medical Center Preventive Medicine. Approximately 1200 Plebes were in-processed on June 29th 2017 as the class of 2021 began their six week initial summer training at the United States Naval Academy.



Virginia Beach, VA - Naval Special Warfare (NSW) Force Psychologist, CAPT Gary Hoyt (Center), visits Naval Special Warfare Development Group. Pictured (L-R) CDR Joe Bonvie, Director of Psychology, LCDR Linda Havens, DUINS Operational Psychology Fellow; CAPT Gary Hoyt; LCDR Matt Keener, Deputy Director; and, HM2 Aaron Moore, Directorate LPO.

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## MSCs In Focus



Washington, DC - LT Gennell M. Kidder, Comptroller at NHC Cherry Point, graduates from the 2017 Secretary of Defense Executive Leadership Development Program on 8 June 2017. Of the 62 students, LT Kidder was the only uniformed officer selected to represent the Navy for 2017. She was presented her certificate by Colonel Arthur J. Athens, USMC (Ret), Director, Stockdale Center for Ethical Leadership, United States Naval Academy, and Dr. Vicki Brown, Acting Executive Director, Human Resources, Strategic Programs and Advisory Services, Office of the Secretary of Defense. The Executive Leadership Development Program was developed in 1985 at the direction of the Secretary of Defense, to provide a deliberate method of experiential leadership development for our future leaders. The mission of the program is to develop leaders who have an understanding and appreciation of the global missions of the Department of Defense, the complexities and challenges that our Warfighters face in carrying out that mission, and to afford, through hands-on immersion training, opportunities for experiential learning that enhance the capabilities required to support and lead a military and civilian expeditionary workforce. There were 64 students with only 62 graduates, LT Kidder was on the only Uniformed Officer selected to represent the Navy for 2017. The training included: Obstacle courses, Rappelling, Land Navigation, Field Hikes, Leader Reaction Course, Nuclear Biological Chemical Chamber, Aviation Survival Training (Swim Qualification), Basic Underwater Demolition SEAL (BUDS training), Daily Physical Fitness, Marine Corps Basic Training, Marine Corps Infantry School Immersion and the Marine Corps Bayonet Assault Course.

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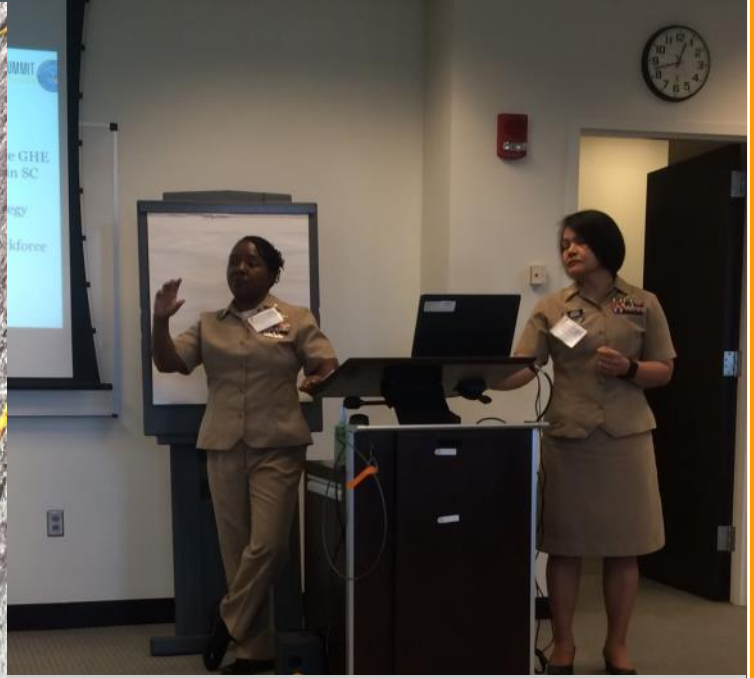
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## MSCs In Focus



Potomac River, MD - LCDR William Hill, Optometrist, re-enlists HM3 Ignacio Delgado, Optician and Rock climbing enthusiast, at the Carderock Recreation Area along the Potomac River in Maryland.



Washington, DC - LT Ana Enriquez and LT Shannon Jackson, Healthcare Administrators from the Office of Global Health Engagement, moderating the Security Cooperation track at the Global Health Engagement Summit at the National Defense University.



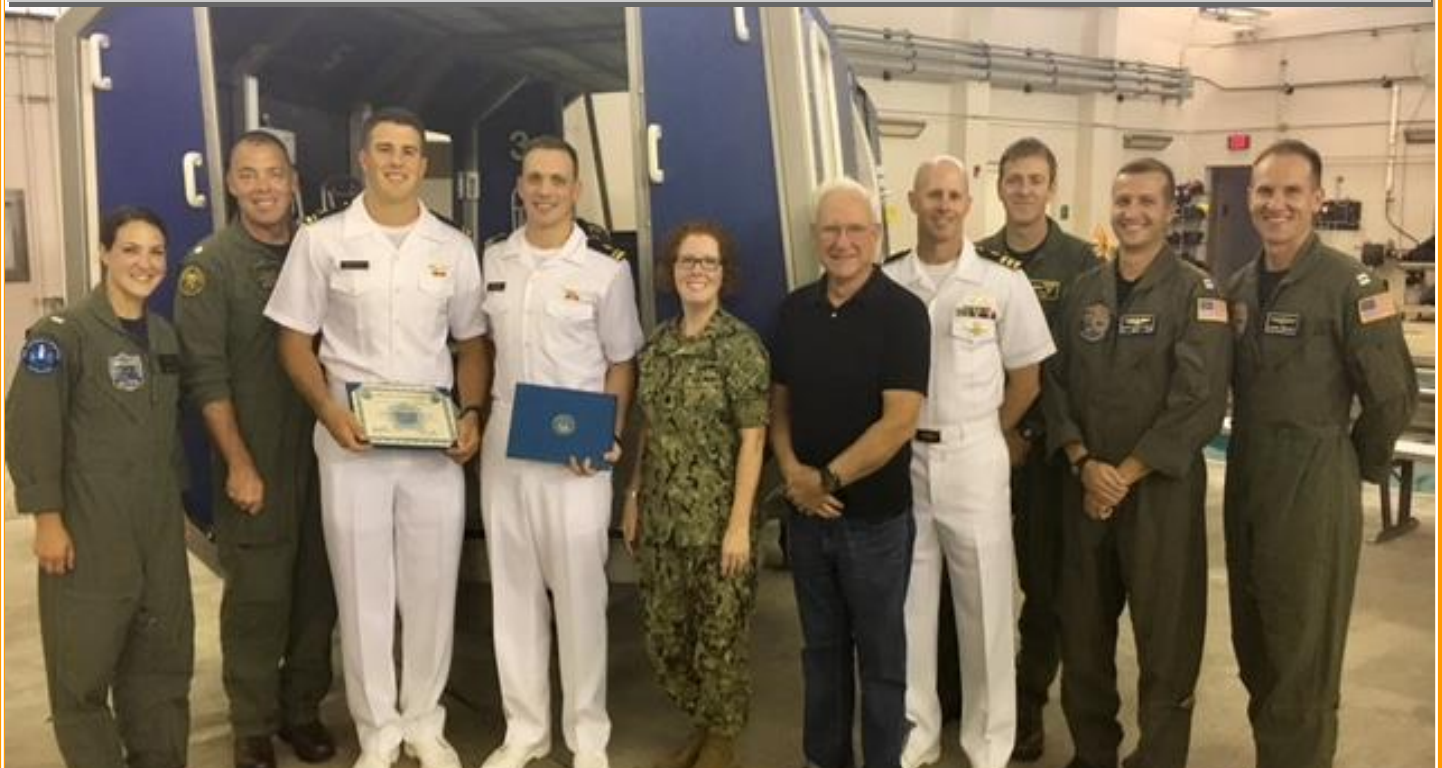
Pensacola, FL - Naval Aerospace Operational Physiologists receive their wings during the NAOP Winging ceremony on June 30. Officers winged include LTJG's Church, Bradley, and Madden. Pictured: LTJG Logan Aronhalt, LT Joshua Muffett, CDR Tyler Scheeler, CDR (ret) Bill Little, LTJG Adam Church, LTJG Leah Bradley, LTJG Dennis Madden, LTJG Adam Baker, LT Christopher Greil, LT Daniel Logsdon, and CAPT Dan Patterson



## MSCs In Focus



Above: In June, LCDR Arcelia Wicker attended the International Diploma for Humanitarian Assistance class at Fordham University in June. The program is an intensive, multidisciplinary four week training program including more than 200 hours of lectures, presentations, debates, and group work. The course provides participants with both an academic and practical orientation to various aspects of humanitarian assistance including negotiations, management, psychology, communications, education, international law, civil/military relations, politics, and economics.



Pensacola, FL - Naval Aerospace Operational Physiologists receive their wings during the NAOP Winging ceremony on July 10. The officers winged are LTJG Aronhalt and LTJG Baker. Pictured: LTJG Leah Bradley, CDR Jason Morarend, LTJG Logan Aronhalt, LTJG Adam Baker, CDR Meredith Yeager, CDR (ret) Bill Little, CDR Tyler Scheeler, LT Miles Erwin, LT Christopher Greil, and LT Joshua Muffett

## MSCs Around the Globe



Yokosuka, Japan - Pharmacy staff members from USNH Yokosuka, US Army Camp Zama, and JSDF gathered for a BBQ as part of the host nation partnership at U.S. Naval Base Yokosuka, Japan. Pictured L-R (Front Row-seating) - Mrs. Nakaya, CDR Cheri Smiley, Orthodontist USNH Yokosuka; Chief Sara Stack, DCSS LCPO, USNH Yokosuka; HM1 Ryan Jeffrey Abaigar, Pharmacy LPO, USNH Yokosuka; HM3 Ternisha Williams, USNH Yokosuka; CAPT Nobuhiro Ohata, Pharmacist and Director for Medical Supply Management/Pharmacy, JSDF Yokosuka Hospital; CPT Toshihiko Muto, Pharmacist, JGSDF, Central Hospital; LCDR Hiroaki Takaya, Pharmacist, Central Hospital; HM2 Cang Nguyen, USNH Yokosuka; HM3 JohnVincent Santiago, USNH Yokosuka; 1st LT Yuji Doi, Pharmacist, JGSDF, Central Hospital; LCDR Teppei Kusafuka, Pharmacist, Maritime Materiel Command; LTJG Munehiko Kaji, Pharmacist, Central Hospital; LT Hiroshi Kikuchi, Pharmacist, Yokosuka Repair & Supply Facility; Mrs. Kikuchi.

- Pictured L-R (standing) - LCDR Linh Quach, Pharmacist, USNH Yokosuka; Dr. Jenni Heintz, Pharmacist, USNH Yokosuka; Mr. Matthew Heintz; Mrs. Abaigar; CDR Kyousuke Nakaya, Pharmacist, Joint Staff Office; Dr. Chizuru Hattori, Pharmacist, JSDF Yokosuka Hospital; Dr. Ogata, Pharmacist, JSDF Yokosuka Hospital; LTC (sel) Gary Stapolsky, Pharmacist, US Army, Camp Zama; Mrs. Stapolsky; CAPT Hiroto Hayashizaki, Pharmacist and Director of Pharmaceutical Services, Maritime Staff Office; CDR Hiroyuki Tawara, Pharmacist, JSDF Yokosuka Hospital; LT Yuma Okubo, Pharmacist, Yokosuka Repair & Supply Facility; CDR Shigenobu Tahara, Pharmacist, JSDF Yokosuka Hospital; LTJG Keita Takakura, Pharmacist, Central Hospital; LTJG Masami Ono, Pharmacist, Central Hospital; 1st LT Natoru Fujimoto, Pharmacist, JGSDF, Central Hospital; Mrs. Tsuji; Dr. Michael Tsuji, Pharmacist, USNH Yokosuka.

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# U.S. Navy Medical Service Corps

**Medical Service Corps  
Director,  
RDML Anne M. Swap, MSC, USN**

Bureau of Medicine & Surgery  
Office of the Medical Service Corps (M00C4)  
7700 Arlington Blvd, Ste 5135  
Falls Church, VA 22042

Phone: 703-681-8548

DSN: 761-8548

Fax: 703-681-9524

Email: [MSC Corps Chief's Office](mailto:MSC_Corps_Chief's_Office)

The Medical Service Corps supports Navy Medicine's readiness and health benefits mission. It is the most diverse Officer Corps in Navy Medicine with 31 specialties organized under three major categories: Healthcare Administrators, Healthcare Clinicians, and Healthcare Scientists. There are over 3,000 active and reserve MSC officers that serve at Military Treatment Facilities, on ships, with the Fleet Marine Force, with Seabee and special warfare units, in research centers and laboratories, in a myriad of staff positions with the Navy and Marine Corps, and with our sister services around the world.

## Corps Chief's Office Staff

### Deputy Director

CAPT Ray Stiff, MSC, USN  
Comm: (703) 681-8547  
DSN 761-8547  
[raymond.d.stiff.mil@mail.mil](mailto:raymond.d.stiff.mil@mail.mil)

### Career Planner

CAPT Marty Kerr, MSC, USN  
Comm: (703) 681-8915  
DSN 761-8915  
[martin.w.kerr.mil@mail.mil](mailto:martin.w.kerr.mil@mail.mil)

### Policy & Practice

CDR Karla Lepore, MSC, USN  
Comm: (703) 681-8896  
DSN 761-8896  
[karla.m.lepore.mil@mail.mil](mailto:karla.m.lepore.mil@mail.mil)

### Reserve Affairs Officer

CAPT Michael Medina, MSC, USN  
Comm: (703) 681-8904  
DSN 761-8904  
[michael.j.medina5.mil@mail.mil](mailto:michael.j.medina5.mil@mail.mil)

### Executive Assistant/Action Officer

LT Tammy D'Alesandro, MSC, USN  
Comm: (703) 681-8924  
DSN 761-8924  
[tammy.l.dalesandro2.mil@mail.mil](mailto:tammy.l.dalesandro2.mil@mail.mil)

### Liaison Officer

LT Beau Tice, MSC, USN  
Comm: (703) 681-9257  
DSN 761-9257  
[beau.r.tice.mil@mail.mil](mailto:beau.r.tice.mil@mail.mil)



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